



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0076 | | | | | | | | |
| Expires: | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response16.00 | | | | | | | | |

| SEC USE ONLY | | | | | | |
|--------------|------------|--|--|--|--|--|
| Prefix | Serial | | | | | |
| | | | | | | |
| DAT | E RECEIVED | | | | | |
| 1 | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|--|
| Private Placement | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 | i) Uroe |
| Type of Filing: New Filing Amendment | |
| | |
| A. BASIC IDENTIFICATION DATA | 7 110020020 |
| 1. Enter the information requested about the issuer | 5 AUG 1 6 2007 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Molycor Gold Corporation | THOMSON |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including And Clode) |
| | |
| Suite #2A - 15782 Marine Drive, White Rock, British Columbia, Canada V4B 1E6 | (604) 531-9639 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Brief Description of Business | |
| Mining Exploration and Development | |
| mining exploration and borotophism | |
| Type of Business Organization | T TA ANNO MORE AND |
| | (please specify |
| business trust limited partnership, to be formed | |
| | |
| Month Year | 07074824 |
| Terrain of Statement of March 19 19 19 19 19 19 19 19 19 19 19 19 19 | imated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta | |
| CN for Canada; FN for other foreign jurisdiction) | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | A. BASIC IDE | ENTIFICATION DATA | | | | | | | |
|---|---|--|-------------------|-------------------|---------------------------------|--|--|--|--|--|
| 2. Enter the information requ | uested for the foll | owing: | | | | | | | | |
| Each promoter of the | • Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue | | | | | | | | | | |
| Each executive offic | • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ✓ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | | |
| Reaugh Larry W. | , | | | | | | | | | |
| Business or Residence Address Suite #2 - 15782 Marine D | | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if Lee, Edward | individual) | _ | | | | | | | | |
| Business or Residence Address | | | | | | | | | | |
| Suite #2 - 15782 Marine Dr | ive, White Rock | k, British Columbia, Ca | anada V4B 1E6 | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if Pfaffenberger, William | individual) | | | | | | | | | |
| Business or Residence Address | (Number and S | Street, City, State, Zip Co | ode) | | | | | | | |
| Suite #2 - 15782 Marine Di | rive, White Rocl | k, British Columbia, C | anada V4B 1E6 | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if Madill, David | individual) | - | | | | | | | | |
| Business or Residence Address Suite #2 - 15782 Marine D | | Street, City, State, Zip Co ck, British Columbia, C | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if Koyich, Dan | individual) | | | | | | | | | |
| Business or Residence Address Suite #2 - 15782 Marine D | | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if Kwok, David | individual) | | | | | | | | | |
| Business or Residence Address Suite #2 - 15782 Marine D | | Street, City, State, Zip Cock, British Columbia, C | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if Piorun, Theresa | individual) | | | | | | | | | |
| Business or Residence Addres Suite #2 - 15782 Marine D | • | Street, City, State, Zip Co k, British Columbia, C | | | | | | | | |
| | | | | | | | | | | |

| | | | | | В. Г. | NFORMATI | ON ABOU | T OFFERI | NG | | | | |
|--|--|-------------|----------------|-------------|-------------|----------------|------------|---|----------|----------|-------------|----------|----------|
| , | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | Yes | No E-8 | | |
| 1. | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | •••••• | <u> </u> | X | |
| 2. | | | | | | | | | | | \$ | | |
| | | | | | | | | | | | Yes | No | |
| 3. | | | | | | le unit? | | | | | | K | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) | | | | | | | | | | | | | |
| | l Name (I ser, Ken | Last name i | first, if indi | vidual) | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | Residence | Address (N | umber and | Street, Ci | ty, State, Z | ip Code) | | | | | | |
| | | | n House, A | | | | | | | | | | |
| Nar | ne of Ass | ociated Br | oker or De | aler | | | | | | | | | |
| Stat | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | | | | |
| | (Check | "All States | " or check | individual | States) | | | | | ******** | | ☐ A! | l States |
| | AL | ĀK | AZ | AR | C/A | CO | [CT] | DE | DC | FL | GA | HI | ID |
| | IL | ĪN | IA | KS | KŸ | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK. | OR | PA |
| | RI | SC | SD | TN | TAX | UT | VT | VA | WA | WV | WI | ŴŸ | PR |
| | | | first, if indi | ividual) | | | | | | | · · · · · · | - | |
| | yich, Jea | | Address () | Number an | d Street, C | City, State, 2 | Zip Code) | | | | | <u></u> | |
| | | | Calgary, | | | | sip code, | | | | | | |
| Nai | me of Ass | sociated Br | oker or De | aler | | | | | | | | | • |
| Sta | tes in Wh | ich Person | Listed Has | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | " or check | individual | States) | | | *************************************** | | ••••• | | ☐ Al | 1 States |
| | AL | AK | AZ | AR | CA | <u>6</u> 0 | [CT] | DE | DC | FL | GA | HI | ID |
| | 11. | ĪN | IA | KS | KY | I.A. | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | ОН | OK | OR | PA |
| | RI | SC | SD | TN | TX | UT | ŬΤ | VA | WA | WV | WI | WY | PR |
| Ful | l Name (l | Last name | first, if ind | ividual) | | | • | | | | | | |
| Bu | siness or | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Nat | me of Ass | sociated Br | oker or De | aler | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | | |
| Sta | | | | | | to Solicit | | | | | | | 1 54-4 |
| | (Check | "All States | or check | individual | | | | | | | | _ | 1 States |
| | AL | AK | AZ | AR | CA | CO | CT | DE] | DC | FL | GA | HI | ID |
| | IL MT | IN NE | IA NV | KS NH | KY NJ | LA NM | ME NY | MD NC | MA ND | MI OH | MN OK | MS OR | MO PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | already exchanged. Type of Security | Aggregate Offering Price | Amount Already Sold |
|----|--|-----------------------------|--------------------------------------|
| | Debt | _S 0.00 | s 0.00 |
| | Equity | | s 69,037.20 |
| | ✓ Common | | |
| | Convertible Securities (including warrants) | § 0.00 | \$ |
| | Partnership Interests | | \$_0.00 |
| | Other (Specify) | <u>\$</u> 0.00 | \$_0.00 |
| | Total | _{\$} 69,037.20 | \$ 69,037.20 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| | offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, inc the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | \$ 69,037.20 |
| | Non-accredited Investors | | \$ 0.00 |
| | Total (for filings under Rule 504 only) | <u>U</u> | \$_0.00 |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all secus sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior first sale of securities in this offering. Classify securities by type listed in Part C — Questio | to the | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | <u>0</u> | \$_0.00 |
| | Regulation A | <u>0</u> | \$_0.00 |
| | Rule 504 | | \$_0.00 |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the in The information may be given as subject to future contingencies. If the amount of an expendit not known, furnish an estimate and check the box to the left of the estimate. | surer. | |
| | Transfer Agent's Fees | | |
| | Printing and Engraving Costs | | |
| | Legal Fees | | \$_20,000.00 |
| | Accounting Fees | |] \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | C |] \$ |
| | | | _ |
| | Other Expenses (identify) | |] |

| SE OF PROCEEDS | S |
|--|--|
| d gross | \$48,037.20 |
| ate and | |
| Paymer Offic Directo Affilia | ers. rs, & Payments to |
| S | [] \$ |
| | |
| s | |
| 🗀 \$ | |
| : | |
| | |
| | \$ <u>41,134.00</u> |
| \$ | \$ 6,903.20 |
| \$ | \$ |
| | \$_48,037.20 |
| [| \$ 48,037.20 |
| | |
| Commission, upor | nder Rule 505, the following n written request of its staff |
| Date | |
| August 8, | 2007 |
| | |
| | |
| | Paymer Offic Directo Affilia |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|----------|---|---------------|---------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No K |
| | See Appendix, Column 5, for state response. | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice D (17 CFR 239.500) at such times as required by state law. | is filed a no | otice on Form |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, infor issuer to offerees. | mation fur | nished by the |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer of this exemption has the burden of establishing that these conditions have been satisfied. | | |
| | uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its b thorized person. | ehalf by the | undersigned |
| Issuer (| Print or Type) Signature Date | | |
| Molycor | r Gold Corporation August 8, 20 | 07 | |

Corporate Secretary

Instruction:

Molycor Gold Corporation
Name (Print or Type)
Teresa Piorun

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 4 5 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and offering price explanation of to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Investors **Investors** Yes No Yes No Amount Amount State AL $\mathbf{A}\mathbf{K}$ AZAR common shares & CA \$20,480.00 0 \$0.00 X warrants common shares & CO \$20,000.00 \$0.00 X X warrants (\$20,000) CTDE DÇ FL \$12,000.00 0 \$0.00 × × common shares & GA н ID IL IN IA KS KYLA ME MDMA ΜI MN MS

APPENDIX 3 4 5 1 2 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited **Investors Investors** Yes No Amount State Yes No Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN \$0.00 TXcommon shares & \$20,000.00 0 X × UT VT VA WA wv WI

| | | | | APP | ENDIX | | | | | |
|-------|----------------------|---|--|--|---------------------------|---------------------------|--|--|----|--|
| 1 | | 2 | 3 | | 4 | | | | | |
| | to non-a investor | to sell accredited is in State a-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | amount purchased in State | | | | |
| State | Yes | No | | Number of Accredited Investors | Accredited Non-Accredited | | | | No | |
| WY | | | | | | | | | | |
| PR | | | | | | | | | | |

END